Printed: 02/20/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB			(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		17E531		B. WING		02/20/2013
	OVIDER OR SUPPLIER COUNTY HOSPITAL	LTCU	STREET ADDRE	RT PL	TE, ZIP CODE	
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F 000	INITIAL COMMENTS			F 000		
	The following citations represent the findings of a Health Resurvey.		s of a			
	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY			F 241		
	The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.					
	This Requirement is not met as evidenced by: The facility reported a census of 40 residents. The sample included 18 residents, with 3 reviewed for dignity. Based on observation, interview, and record review, the facility failed to promote care in a manner and an environment that enhanced the dignity and respect, for 1 (#4) of the 3 residents, with coverage of the urinary catheter drainage bag.					
	Findings included:					
		nt #4's computerized me vealed an admission da				
	A quarterly MDS (Minimum Data Set) assessment, dated 1/31/13, revealed the resident as cognitively intact with a BIMS (Brief Interview for Mental Status) score of 15. The resident required total dependence of 2 or more staff for toilet use. The resident used an external catheter and frequently incontinent.		riew			
	The care plan, reviewed on 1/29/13, directed staff, " I need [external] catheter care each shift and PRN [as needed]. I wear a [external] catheterI would like to wear briefs/ pull-ups for					
LABORATOR	Y DIRECTOR'S OR PROVIDE	R/SUPPLIER REPRESENTATIVE	/E'S SIGNATURE		TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CI AND PLAN OF CORRECTION IDENTIFICATION NUMBE			(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SU COMPLE		
		17E531		B. WING		02/2	20/2013
	OVIDER OR SUPPLIER COUNTY HOSPITAL L	_TCU	STREET ADDR 607 COL LAKIN, I		TE, ZIP CODE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY F REGULATORY OR LSC IDENTIFYING INFORMAT		ULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 241	dignity purposes."  On 2/12/2013 at 7:30 bed, with the urinary lacking a cover and le exposed in the drainactoverage bag hung fr wheelchair, across the At 3:00 PM, direct cathe resident and chect placement. Staff M pto drain the urine into bag, then removed the drainage bag, with bed frame. The cloth onto the floor. Staff of from the floor. Staff of there," and pointed to cover the resident's upromote dignity for the Cover the resident's upromote dignity for the Cover the resident rested in bed catheter drainage bag bed frame on the room of anyone walking part of anyone walking part of the Cover the resident catheter do and V repositioned the staff V took the dependent catheter do and V repositioned the staff V took the dependent catheter do and V repositioned the staff V took the dependent catheter do and V repositioned about the "Not usually [used] w [The dignity bag] is us in the chair around per the cover and the co	AM, the resident rester catheter drainage bag eff the resident's urine age bag. A cloth dignity from the resident's eroom.  The staff M and X repositives the external cather ositioned the catheter of the dependent drainage cloth dignity bag and the exposed urine, onto the dignity bag fell from the process of the dignity bag fell from the process of the dignity bag fell from the process of the process of the dignity bag fell from the process of the proc	tioned ter tubing ge hung he e bed bag er ed to	F 241			

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB			A. BUILDING		(X3) DATE SURVEY COMPLETED			
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	COUNTY HOSPITAL	LTCU	STREET ADDRESS, CITY, STATE, ZIP CODE  607 COURT PL  LAKIN, KS 67860					
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F 241	dignity bag] off when pants and stuff." Statistical dignity bag used for, placed the dignity bag catheter drainage bas on 2/13/13 at 4:50 Fbed, with the dependence a cloth dignity bag, have from the dignity bag. Staff M removed the from the dignity bag. Staff M removed the bed frame and hung catheter bag on the Staff M reported the for privacy We leave usually take it off what nightIt just dependenced it just dependent catheter bag on the staff A reported, "We [the dependent catheter bag on the staff A reported, "We [the dependent catheter bag on the staff A reported, "We [the dependent catheter bag on the staff A reported, "We [the dependent catheter bag on the staff A reported, "If the door on 2/14/13 at 2:50 Freported the dependent catheter drainage base reported, "If the door on 2/14/13 at 2:50 Freported the dependent should remain, "In or bags, and affixed to bed, it hangs below,	they take off [the reside off R and V confirmed the "Privacy." Staff R and V gover the dependent of following the converse of the resident rested is dent catheter drainage by anging on from the bed deependent drainage by and emptied the urine of cloth dignity bag from the dependent drainage of the dependent of the control of the con	ation.  In pag in lare ig rom it. he erage. over, we down have nurses ideaIn is not in one tioned aff C, ag in gIn garff C	F 241				

	TEMENT OF DEFICIENCIES PLAN OF CORRECTION  (X1) PROVIDER/SUPFIDENTIFICATION  17  IE OF PROVIDER OR SUPPLIER  ARNY COUNTY HOSPITAL LTCU			(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE S COMPLE	
		17E531		B. WING		02	/20/2013
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	usually see that it's bag], or the blanker bag] on the dependence the bed, when [the The facility failed to maintaining the rescoverage of the res	covered with the [cloth dets There was one [dignites and to the hose provide a policy related didents' dignity related to sidents' urinary catheter be consured this resident's diverage of the urinary of drainage bag, to ensure mained out of full view to the residents.  PREHENSIVE  Induct initially and periodical accurate, standardized sment of each resident's esident's needs, using the not instrument (RAI) specifical seessment must include the emographic information; in patterns; deeping; g and structural problems and health conditions;	ag, on pital."  to ag. gnity the ically	F 241			

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` '		(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE	- '		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 272	the additional assess areas triggered by the Data Set (MDS); and Documentation of pa	nd procedures;  mmary information regarment performed on the e completion of the Min rticipation in assessment assessment as evidenced to the motion met as evidenced to the procedure of the pro	care imum  nt.	F 272			
	The facility reported a census of 40 residents with 18 selected for sample review. Based on interview and record review, the facility failed to comprehensively and thoroughly assess 9 of the selected residents, including; #35 for Falls; #33 and #6 for ADL (activities of daily living) Functioning/Rehabilitation Potential; and #35, 31, 29, 33, 9, 20, 39, and 4 for psychotropic drug use, to assist in the development of any individualized, comprehensive plan of care, for instruction to staff to consistently meet the resident's needs.  Findings included:  - The facility admitted resident # 35 on 1/31/13, per the computer clinical record.  The resident's 3/1/12 admission MDS (minimum data set) assessment, identified a BIMS (brief interview of mental status) score of 0, indicating severely impaired cognitive status, without any mood or behavior concerns, needed extensive assistance of 1 staff for ADL's (activities of daily living), including transfers and mobility, identified		d to f the #33 5, 31, g use, llized,				
			13,				
			num ef ting ny ve aily				

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F 272 Continued From page 5 falls prior to admission, and antipsychotics, antianxiety, a (psychotropic medications).  The resident's 3/2/12 CAA (assessment), lacked identificators and analysis findings psychotropic medication usa On 2/13/13 at 10:45 AM, ad staff A, reported, "This is no CAAThat is not how they a October [2012]."  The facility failed to thorough resident for psychotropic merisk, to assist in the develop individualized, comprehensi instruction to staff to consist resident's needs.  - The facility admitted reside per the computer clinical recomputer clinical recomputer devices and formental status) score of 3, impaired cognitive skills, extending, without moods or be supervised assistance of 1 sand extensive assistance of and received anti-depressar medications).  The 2/15/12 CAA (care area identification of any causal for the resident's psychotropic of the resident's p	care area cation of causal so for falls or age.  ministrative nursing that a complete are nowsince  hly assess the edication use and fall ment of any ve plan of care, for tently meet the  ent # 31 on 2/2/11, cord.  In BIMS (brief interview indicating severely hibited disorganized behaviors, needed staff for ambulation, if 1 staff for transfers, ints (psychotropic assessment), lacked factors and analysis of medication use.				

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/OID PLAN OF CORRECTION IDENTIFICATION NUMB			(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 272	staff A, reported, "Thi CAAThat is not how October [2012]."  The facility failed to the resident for the use of use, to assist in the dindividualized, comprinstruction to staff to resident's needs.  The facility admitted per the electronic recompressed 2 on the BIMS status), indicating sets skills, exhibited delust anti-depressant and completion, and failed analysis of the finding drug use.  On 2/13/13 at 10:45 at staff A, reported, "The CAAThat is not how October [2012]."  The facility failed to the resident for psychotrory assist in the development of the comprehensive plants at for consistently in staff to consistently in the staff to co	is is not a complete to they are nowsince to they are nowsince the property assess the of psychotropic medication and the psychotropic medication are plan of care, for the psychotropic medication are plan of care, for the psychotropic medication are property in the psychotropic medication are psychotropic medication use lacked did to identify causal factors are property in the psychotropic medication are psychotr	for  1,  m  Ital e  tions.  12,  ors or oic  ing	F 272			
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F 272 Continued From page 7 F 272	PREFIX (EACH DEFICIE	(EACH DEFICIENCY MUST BE PRECEDED BY		PREFIX	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
documented resident # 33 admitted to the facility on 11/28/11.  The 7/10/12, significant change MDS ( minimum data set), identified the resident with a BIMS (brief interview for mental status) score of 15 (13-15 indicates intact cognition). The assessment further documented the resident required total assistance with most ADLs (activities of daily living), with impairment on both right and left sides, and both upper and lower extremities with functional limitation in range of motion. The assessment also documented the resident received antipsychotic medication including, antidepressants, and an antibiotic, in the last 7 days, during the look back period.  The CAA (Care Area Assessment) dated 7/11/12, lacked documentation of the casual factors and lacked analysis for the resident's psychotropic drug use.  On 2/13/13 at 10:35 AM, administrative nursing staff A, confirmed, This is not a complete CAAThat's not how they are nowsince October.*  On 2/14/13 at 11:45, administrative nursing staff A reported, "We don't have a CAA policy."  The facility failed to thoroughly assess the resident for use of psychotropic medication use, to assist in the development of an individualized, comprehensive plan of care, for instruction to staff to consistently meet the resident's needs.  - The medical record's undated facesheet documented, resident # 20 admitted to the facility on 6/8/10.	documented resides on 11/28/11.  The 7/10/12, signiff data set), identified (brief interview for (13-15 indicates in assessment furthe required total assis (activities of daily li right and left sides, extremities with fur motion. The asses resident received including, antideprote the last 7 days, dure the last 7 days for drug use.  On 2/13/13 at 10:3 staff A, confirmed, CAAThat's not he October."  On 2/14/13 at 11:4 A reported, "We do The facility failed to resident for use of to assist in the device comprehensive plastaff to consistently at the consistently of the resident for consistently at the consistently of the resident for consistently at the consistently of the facility failed for the consistently at the facility failed for consistent failed for consistent failed for consistent failed failed for consistent failed failed for consistent failed fail	icant change MDS ( mining the resident with a BIMS mental status) score of 1stact cognition). The redocumented the resident stance with most ADLs ving), with impairment on and both upper and low nectional limitation in range sament also documented antipsychotic medication essants, and an antibioticing the look back period. The resident's psychotropic the resident's psychotropic the resident's psychotropic they are nowsince they are nowsince of thoroughly assess the psychotropic medication elopment of an individual and of care, for instruction to meet the resident's need ord's undated facesheet ord's undated facesheet.	mum S S S S Int Int In both Inter In of the Inter Inte	F 272			

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AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB					(X3) DATE SURVEY  COMPLETED			
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	COUNTY HOSPITAL	LTCU	STREET ADDRESS, CITY, STATE, ZIP CODE  607 COURT PL  LAKIN, KS 67860					
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F 272	The 12/11/12, signif set), identified the reinterview for mental sindicates cognition set (activities of daily livi required supervision assist with remaining resident received psyincluding antidepress antipsychotic medical. The CAA (Care Area 12/12/12, lacked docand lacked analysis in psychotropic drug us. On 2/13/13 at 10:35 staff A, confirmed, "TOCAAThat's not how October."  On 2/14/13 at 11:45 A reported, "We don't resident for use of psassist in the develop comprehensive plan staff to consistently resident on 4/24/12.  The 5/2/12 annual M documented a BIMS status) score of 6 (0 severely impaired).	icant MDS (minimum dasident with a BIMS (batatus) score of 3 (0-7 everely impaired). ADL ng) identified the reside with eating and extens ADLs. Furthermore, thy chotropic medications cants, antianxiety, ations.  Assessment), dated cumentation of casual fafor the resident's e.  AM, , administrative nu	rief ent sive he actors rsing staff s to ed, o ds. facility ental	F 272				

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	OF DEFICIENCIES F CORRECTION				(X3) DATE SURVEY COMPLETED		
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F 272	antidepressants.  The CAA (Care Area 12/12/12, lacked doci and lacked analysis for psychotropic drug used On 2/13/13 at 10:35 A staff A, confirmed, "The CAAThat's not how October."  On 2/14/13 at 11:45, A reported, "We don't The facility failed to the resident for use of pseudostaff to consistently must be a review of resident record face sheet, revent for the facility of the facility failed to the resident for use of pseudostaff to consistently must be a review of resident record face sheet, revent for the facility in facility of the facility of the facility of the facility failed to the facility of the facility failed to the redocumented." The redocumented of the facility	Assessment), dated umentation of casual factors related to the resident's e.  AM, , administrative numbers is not a complete they are nowsince administrative nursing thave a CAA policy."  Incroughly assess the ychotropic medication ment of an individualize of care, for instruction the the resident's need the resident and admission dates including long term under the the resident with a BIMS ental Status) score of 1 sident with, "No behavior sident required 6 days ays of antidepressants attions).  Assessments), dated ughly assess any ausal factors related to	staff use to ed, o ds. edical ate of se of  at as 6 1. iors of	F 272			

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER AND PLAN OF CORRECTION IDENTIFICATION NUM					(X3) DATE SURVEY  COMPLETED	
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F 272	On 2/13/13 at 10:35 staff A confirmed, "T That is not how they On 2/14/13 at 11:45 staff A reported, "We The facility failed to contributing and/or cresident's "Psychotre the development of a comprehensive care this resident's needs  - A review of reside electronic face shee of 6/8/12.  An admission MDS 6/15/12, revealed stacognitively intact with Mental Status) score resident with, "No be days of antipsychotic and 4 days of antide (psychotropic medic)  The CAAs (Care Are 6/18/12, failed to the contributing and/or cresident's "Psychotre on 2/13/13 at 10:35 staff A confirmed, "T That is not how they	AM, administrative nurs his not a complete CAA are now since Oct [20]  AM, administrative nurs de don't have a CAA police thoroughly assess for are ausal factors related to opic Drug Use," to assist an individualized, a plan to instruct staff to be completed as presented an admission of the police of the p	ing cy."  iny the t in meet   and date   and	F 272			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER, AND PLAN OF CORRECTION IDENTIFICATION NUMBER						(X3) DATE SURVEY COMPLETED			
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KEARNY	COUNTY HOSPITAL	LTCU	607 COL						
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F 272	Continued From page	ge 11		F 272					
	The facility failed to to contributing and/or contributing and/or contributing and/or contributing and/or contributing the development of a comprehensive care this resident's needs  The facility admitt 10/07/2003, per the	thoroughly assess for an ausal factors related to opic Drug Use," to assistant individualized, plan to instruct staff to be ted resident #6 on	the t in meet						
	10/07/2003, per the clinical face sheet, dated 5/13/2011.  The POS (Physician's Order Sheet), dated, 1/21/13, documented included diagnosis of, multiple sclerosis (progressive disease of the nerve fibers of the brain and spinal cord) and polyneuropathy (any disorder or affliction of peripheral nerves).  The annual MDS (minimum data set) dated 5/07/2012, identified the resident with moderate cognitive impairment, and without mood or behavior indicators. The resident required extensive assistance of one staff assisting with eating, total dependence with one staff assisting with bathing, total dependence with two or more staff assist with bed mobility, transfer, dressing, toilet use and personal hygiene. Furthermore, the resident experienced limits in range of motion ability in both upper and lower and both right and left sides of the body.  The CAA (care area assessment), dated 5/8/13, failed to assess any contributing factor and/or		rate  vith sting nore ing, re, notion t and						
	The CAA (care area assessment), dated 5/8/13, failed to assess any contributing factor and/or causal factors related to ADL Functional/Rehabilitation Potential.  On 2/13/13 at 10:35 AM, administrative staff A, confirmed, "This is not a complete CAA (care area assessment)That is not how they are donesince October [2012]. "								

		(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBI		(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 272	The facility failed to to to contributing and/or contributing and/or considert's "ADL [activational/Rehabilitatine development of a comprehensive plan	horoughly assess for an ausal factors related to vities of daily living] ation Potential," to assis	the t in	F 272			
	F 280 SS=D  483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE OF The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.  A comprehensive care plan must be develop within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attemphysician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's mand, to the extent practicable, the participation		ped n nding ility n needs, on of	F 280			
	legal representative; and revised by a tea each assessment.  This Requirement is The facility reported 18 selected for samp interview and record review and revise 3 plans, including; # 1°	dent's family or the resi- and periodically review m of qualified persons a a census of 40 resident ble review. Based on review, the facility failed of the 18 residents' care 1 for psychotropic medio ventions, and # 39 for s s.	ed after  by: s with d to e cation				

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F 280	Continued From pag	je 13		F 280				
	Findings included:							
	- The facility admitted per the computer clin	d resident # 11 on 1/26 lical record.	/12,					
	The resident's 2/1/13 annual MDS (minimum data set) identified the resident with a BIMS (brief interview of mental status) score of 3, indicating severe cognitive impairment, inattention and disorganized thinking, occasional rejection of cares, needed limited to extensive assistance of ADL's (activities of daily living) including mobility and hygiene, and received antipsychotic and antidepressant medications. However, the assessment failed to identify the use of an anti-anxiety medication.							
	The 2/5/13 CAA (care area assessment) for psychotropic's identified the resident required monitoring for side effects, adverse reactions, drug to drug interactions, and black box warnings for all their medications and further noted to review progress notes from the resident's geri-psychiatric hospitalizations. The summary additionally, included diagnoses of dementia and depression, a history of alcohol abuse, not reversible, with ongoing treatments, and continued with psychotropic medication usage to treat dementia and depression. The CAA also failed to identify the resident's use of an antianxiety medication.		d s, nings ary a and					
	the resident's care no long term memory los instructed staff to mo adverse drug reaction interactionsadminis	•	nd ther bid,					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIE IDENTIFICATION NUM  17E53		RED.		2) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED		
		17E531	B. WING			02/20/2013		
	ROVIDER OR SUPPLIER COUNTY HOSPITAL	LTCU	STREET ADDRESS, CITY, STATE, ZIP CODE  607 COURT PL  LAKIN, KS 67860					
(X4) ID PREFIX TAG	SUMMARY (EACH DEFICIE REGULATORY (	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE		
F 280	revise the resident's medication dose re  A physician order, of staff to administer I medication), 0.25 m and decreased from Direct care staff D mand decreased from D mand decreased from Direct care staff D mand decreased from D mand decreased	s care plan in relation to a duction, dated 11/1/12. Instructed Lorazepam (an antianxieting (milligrams), twice daily. In 0.5 mg, twice daily. In 0.5 mg, twice daily. It is soft their choice, attendent and the resident admitted to make the resident admitted to mocked long term care fact review and revise the are to include the physicication of the resident's	the cy y, 0:30 unit, led Staff viors, the acility. o the ed an an an an acility. The ed acility of the ed acility. The ed acility of the ed acility of the ed acility. The ed acility of the ed acility of the ed acility of the ed acility.	F 280				

r /		(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		(X2) MULTIPI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	17E53			B. WING		02/	20/2013
NAME OF PROVIDER OR SUPPLIER KEARNY COUNTY HOSPITAL LTCU			STREET ADDRI 607 COU LAKIN, P		TE, ZIP CODE		
(X4) ID PREFIX TAG	SUMMARY S (EACH DEFICIEN REGULATORY OF	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 280	on the unit; and limited dressing, toilet use, a The care plan, dated "Please administer material prescribed. Please in medications and dospossible changes in increased anxiety, et possible mental charattention span, etc. In needed] for insomnia Care Plan," dated 1/2 and common administresident's medication failed to revise this reany non-pharmacoloprior to administration medication used for some dication used	ed assistance of 1 personal personal hygiene.  12/11/12, directed staffiny medications as nave my physician revie age Watch me for my behavior: withdrawa c [etcetera] Watch miges- decline in memory take trazodone PRN [at." An additional "Medic 22/13, listed the side efficial instructions for the stration instructions for the stration instructions to prin of the resident's trazonal interventions to prin of the resident's trazonal epep.  R (electronic medications), on 2/13/13 at 3:16 Plate received the trazodone of 6 nights, and sident's request."  M, The resident confirm sleeping pill, and report to sleep We tried go to me I've read until as I quit reading I'm away and the resident will call for it cility attempted other receiving medication, staff but [the resident] is verification in the resident of th	f, w my  II, e for //, as cation ects the / staff clude ovide done  I M, e  pill, for it "	F 280			

		(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
<b>17E53</b> 1			B. WING		02/20/2013		
NAME OF PROVIDER OR SUPPLIER  KEARNY COUNTY HOSPITAL LTCU		_TCU	STREET ADDR 607 COL LAKIN, I		TE, ZIP CODE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMA		ULL	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 280	medication]."  On 2/13/13 at 3:50 Pl confirmed the resider and "[The resident] sl asks for it [the sleepir Staff M reported bein non-pharmacological prior to administration "That would be the m medication aide] or the On 2/13/13 at 4:00 Pl reported the resident insomnia." Staff Z reinterventions attempt takes [his/her] showe [he/she] sits and liste TV [television],says resident] does this thi Z added, "[The residemedication] every nig [the resident] rememble [He/She] wakes up at asks for it[The resident] feels like [he confirmed the care pl non-pharmacological medication, and state care plan."  At 4:07 PM, administration and the interventions, and the interventions should be the care plinterventions should be the care plan interventions should be the resident provided at dated "February 2013 attempt individualized."	M, direct care staff M at receives a sleeping preeps pretty good [He are medication], someting unaware of any interventions attempted of the medication for sed aide [the certified are nurse."  M, licensed nursing stareceived Trazodone, "It ported non-pharmacological included, "[The resident of the sed included, "[The resident of the sleep of the sed included, "[The sleep of the sed included, "I feelshe] forgets, where sed included it." Staff Zean lacked any interventions for the sed included, "I don't think it's in the retive nursing staff A an lacked sleep hygien at non-pharmacological	e/She] mes."  d sleep,  ff Z For ogical dent] imes in the Staff ing once i it and eep ne  cy, Shall	F 280			

		(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	17E53			B. WING	······································	02/	20/2013
NAME OF PROVIDER OR SUPPLIER KEARNY COUNTY HOSPITAL LTCU			STREET ADDRI 607 COU LAKIN, P		TE, ZIP CODE	•	
(X4) ID PREFIX TAG	SUMMARY S (EACH DEFICIEN REGULATORY OF	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 280	that are provided as and psychosocial entoward accommodating Non-pharmacological attempted prior to us interventions"  The facility failed to replan to include any non-pharmacological attempted prior to us interventions for this sleep prior to the admedication.  The facility admitted per the clinical face is the compact of the admission MDS 10/12/12, identified the cognitive impairment extensive assistance mobility, transfers, who locomotion on unit, of the personal hygiene. The the 1-6 months prior to fallen in the hospital facility]."  The resident's care pastaff, "I need staff as hygiene as I am not a my own. I require as for bed mobility. I reall transfers and ambifalling. I use special ADL's [activities of displayments of the compact of t	part of a supportive phy vironment, and are directing a resident's sleep. In interventions shall be sing pharmacological review and revise the cason-pharmacological resident to accommodal resident to accommodal resident to accommodal resident #41 on 10/5/sheet, dated 12/12/12.  (minimum data set), dathe resident with severe the resident required the with 2 or more staff for alk in room, walk in confiressing, toilet use and the resident had reported	ted  ire  ite aide  12 ,  ted , bed idor, I falls  dated ry of s not he  cted on ber e for m	F 280			

		(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			B. WING		02/20/2013			
	OVIDER OR SUPPLIER COUNTY HOSPITAL I	LTCU	607 COL	RESS, CITY, STA JRT PL KS 67860	ITE, ZIP CODE	l		
(X4) ID PREFIX TAG	SUMMARY S (EACH DEFICIEN REGULATORY OR	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
F 280	used the bathroom wooid." The plan of car interventions to preversident with a fall his Furthermore, the care current use of a alarm falls from the bed.  An untimed, nurses prodocumented, "During knees buckled, staff for floor before a fall occ.  The following nurses 1/21/13 untimed, door physician to request to c/o [complaints of] buckled this weekend well. If no injury note PT [physical therapy]  A fax, dated 1/21/13 the weekend while arknee buckled and [the the floor. He/she is not the left thigh, to just be is refusing to stand. x-ray to left thigh/kne have order for PT (physical therapy).  An x-ray report, dated resident's knee, door without evidence of a An untimed, nurses part of the plan of the pl	when I ring for assistance re lacked revision to income a lacked revision to income a lacked revision to income a lacked falls, after story, fell on 1/19/13. The plan lacked the resident while in the bed to present a lacked the resident while in the bed to present a lacked the resident was able to lower resident a lacked lacked a lacked lacked a lacked lacked a lacked for order lacked a	lude the ent's event  19/13, n, ent to  due ee stand for  Over s] left t to to /she for we  f the usion ation."	F 280				

		(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE				(X3) DATE SURVEY  COMPLETED	
	17E531			B. WING		02/20/2013	
	COUNTY HOSPITAL I	_TCU	607 CO	RESS, CITY, STA URT PL KS 67860	TE, ZIP CODE	-	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION			ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO ' DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 280	On 2/13/13 at 4:40 Plused a sit to stand more resident from the reclaresident required cue during the transfer.  On 2/13/13 at 7:40 Al "The resident doesn't has an alarm just in computer in the cout."  On 2/13/13 at 4:40 Plushe has bad knew out."  On 2/13/13 at 7:45 Al "The resident has a bashould try to get up.  The facility, "Fall Prevaugust 2011, reveale fall: a.) Assess the revital signsb.) place file for 24 hours with an Document the resided 48 hoursNotify the physician of the fall physician may be not hoursComplete a fainvestigation report. If interventions in the A Optimus [computer systems]  The facility failed to reresident's care plan to implemented after the to prevent repeated fatransfers/ambulation, plan to include the best and the computer in the provent repeated fatransfers/ambulation, plan to include the best and the computer in the provent repeated fatransfers/ambulation, plan to include the best and the computer in the provent repeated fatransfers/ambulation, plan to include the best and the computer in the provent repeated fatransfers/ambulation, plan to include the best and the computer in the provent repeated fatransfers/ambulation, plan to include the best and the computer in the provent repeated fatransfers/ambulation, plan to include the best and the computer in the provent repeated fatransfers/ambulation, plan to include the best and the computer in the computer	M, direct care staff V are echanical lift to transfer liner to the wheelchair. Fing to hold onto the lift of the wheelchair in the week at try to get up out of bed case."  M, direct care staff V states and they started giving of the week and they started giving of the week and they started giving of the week at the w	the The The ated, I, and tated, Ing ated e/she  fall fall. for iness  f	F 280			

		` '	1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		17E531		B. WING		02/20/	2013
	OVIDER OR SUPPLIER County Hospital L	_TCU	STREET ADDRE		TE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY F LSC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 280	Continued From pag- bed.	e 20		F 280			
	483.25(h) FREE OF A HAZARDS/SUPERVI			F 323			
	as is possible; and ea	as free of accident haz					
	This Requirement is not met as evidenced by: The facility reported a census of 40 residents. The 18 residents selected for review, included 3 reviewed for accidents. Based on observation, interview and record review, the facility failed to provide adequate supervision and/or assistive devices to prevent repeated accidents for 1 (#41) of the 3 selected residents.						
	Findings included:						
	- The facility admitted per the clinical face s	d resident #41 on 10/5/ heet, dated 12/12/12.	12 ,				
	The POS (Physician's Order Sheet), dated 12/1/12, documented a diagnosis of Senile Dementia (A progressive mental disorder characterized by failing memory, confusion).						
	10/12/12, identified the cognitive impairment. extensive assistance mobility, transfers, was locomotion on unit, drapersonal hygiene. The		, bed idor,				

		(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
	17E531			B. WING		02/20/2013		
	KEARNY COUNTY HOSPITAL LTCU 60				TE, ZIP CODE	- GEN	20/2010	
			LAKIN,	KS 67860				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 323	Continued From pag	je 21		F 323				
	prior to admission.							
	The CAAs (care area assessment), for falls dated 10/23/2012, revealed, "Resident has a history of falls at home prior to admission. He/she has not fallen in the hospital or since admission to [the facility]."							
	The resident's care plan, dated 1/22/13, directed staff, "I need staff assistance for all my personal hygiene as I am not safe doing these things on my own. I require assistance of 1 staff member for bed mobility. I require standby assistance for all transfers and ambulation so I am safe from falling. I use special equipment to help with ADL's [activities of daily living]equipment includes walker. Please do not tell me that I just used the bathroom when I ring for assistance to void."							
	revealed the resident	nt, completed 10/5/12, t at risk for falls with a s eater than 10 being at r	I					
	documented, "Over to ambulating [the resident] was low now complaining of pleft knee. He/she is to we have order for x-r no injury, can we have therapy) to eval (evaluation)	lent's] left knee buckled wered to the floor, he/shoain to left thigh to just be refusing to stand. 1.) Coay to left thigh/knee? 2 we order for PT (physical luate) and treat?	and ne is pelow an					
	documented, "Knee j	d 1/22/13 at 1:02 PM, coint effusion without acture or subluxation."						
	An untimed, nurses p	progress note, dated 1/1	19/13,					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER AND PLAN OF CORRECTION IDENTIFICATION NUM			(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
	17E531			B. WING		02/2	20/2013
NAME OF PROVIDER OR SUPPLIER  KEARNY COUNTY HOSPITAL LTCU			STREET ADDR	RESS, CITY, STA	TE, ZIP CODE	<u>'</u>	
			LAKIN,	KS 67860			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 323	documented, "During knees buckled, staff of floor before a fall occ."  The following nurses 1/21/13 and without a sent to physician to rethigh/knee due to c/o resident's knee buckl wanting to stand well asked for order for Pand treat."  An untimed, nurses prodocumented "Resided dependent on staff. A participate in his/her of consident from the recipation of the following the transfer.  On 2/13/13 at 4:40 Plused a sit to stand mare ident from the recipation of the resident required cueduring the transfer.  On 2/13/13 at 7:40 Al "The resident doesn'th has an alarm just in consideration of the following the transfer."  On 2/13/13 at 7:40 Plused as a factor of the following the transfer.  On 2/13/13 at 7:40 Al "The resident doesn'th has an alarm just in consideration of the following the follo	ambulation in bedroom was able to lower reside urred."  progress note, dated a time, documented, "Facequest X-ray of left [complaints of] pain afted this weekend and is. If no injury noted also T [physical therapy] to exprogress note, dated 2/9 nt is becoming more At times, refuses to care"  M, direct care staff V are echanical lift to transfer liner to the wheelchair. Fing to hold onto the lift who doesn't try to get up alout M, direct care staff V statty to get up out of bed	ent to  ax er not eval  3/13, and M, the The  tated n ne." ated, l, and tated, ng ed e/she	F 323			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	17E53			B. WING			20/2013
	OVIDER OR SUPPLIER COUNTY HOSPITAL	LTCU	607 CO	RESS, CITY, STA URT PL KS 67860	TE, ZIP CODE	1	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY F R LSC IDENTIFYING INFORMAT	ULL	,		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 323	On 2/14/13 at 1:20 F stated "There is no is were with him/her the him/her to the floor stated". The facility Fall Prev 2011, revealed, "If Assess the resident signsb.) place the for 24 hours with an injudication of the fall physician of the fall physician of the fall physician may be not hoursComplete a finvestigation report. interventions in the A Optimus [computer states of the facility failed to and/or assistive devifor this resident with 483.25(I) DRUG REGUNNECESSARY DEE Each resident's drug unnecessary drugs. drug when used in eduplicate therapy); without adequate moindications for its use adverse consequences should be reduced of combinations of the	PM, administrative staff Ancident reportThey[state whole timelowered to the resident didn't fall. Itention policy, updated And the resident should fall: for injury, including vital resident on the hot rack vitnessed non-injury fall arry fall or witnessed fall. Itent's condition each shift or resident's primary care and the fall and the fall assessment and procument the fall and the fall	august a.) file and for iness  f vision falls, for gany gany gany gany gany	F 323			
	resident, the facility who have not used a	must ensure that resider antipsychotic drugs are r	nts not				

Printed: 02/20/2013 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		17E531		B. WING	<del></del>	02/2	20/2013
NAME OF PROVIDER OR SUPPLIER KEARNY COUNTY HOSPITAL LTCU			607 COL	RESS, CITY, STA JRT PL KS 67860	TE, ZIP CODE	-	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY F LSC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO ' DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 329	therapy is necessary as diagnosed and do record; and residents drugs receive gradua behavioral intervention	to treat a specific condicumented in the clinical who use antipsychotic I dose reductions, and	I	F 329			
	The facility reported a 18 selected for samplinterview, and record ensure 6 of the 10 resunnecessary medicat unnecessary medicat 33 for lack of follow-uneeded)medications; laboratory testing to r #35, 29 and 43 for lace	review, the facility faile sidents reviewed for tions, remained free of tions, including; #, 31, a	s with  d to  and  is for				
	per the electronic clin Diagnosis from POS dated 1/4/13 included disorders and 'see ch	d resident # 29 on 4/8/1 ical record.  (Physician's Order Shed: "Other persistent mart for more conditions's included the following	et), ental				
		uppository, 650 mg ter rectally as needed, ε (Dementia- progressive	- 1				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		17E531		B. WING		02/3	20/2013
	OVIDER OR SUPPLIER COUNTY HOSPITAL L	TCU	607 CO	RESS, CITY, STA URT PL KS 67860	TE, ZIP CODE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 329	confusion) CCE (crawith behavioral distur (An analgesic/pain mode). Acetaminophen tatablets, by mouth, as Dementia CCE with bordered 10/29/11. (A medication.)  3. Sinemet, 25/250 moday, for other persisted 11/1/11. (An anti-park). 4. Mirapex, 0.75 mg, per day, for Dementia disturbances, ordered anti-parkinsonian med. The resident's 8/7/12 set) assessment, ider on the BIMS (brief intindicating severely im exhibited delusions, and diuretic therapy mode). The CAA (care area and psychotropic med completion, and failed analysis of the finding drug use.  The Geriatric Dosage page 254, identified the Sinemet classified as Mirapex, page 1444, agent; and Acetamino analgesic.	acterized by failing mennial compliance elasticibances, ordered 2/23/1 edication.) blets, 325 mg, administrated, every 4 hours behavioral disturbances in analgesic/pain  ang, by mouth 3 times present mental disorder, ordered, every 4 hours behavioral disturbances in analgesic/pain  1 tablet, by mouth, 3 times present mental disorder, ordered in the complex of the resident score erview of mental status appaired cognitive skills, and received anti-depresent in the cognitive services of the cognitive s	ty) 2.  ter 2 for , er lered mes  n data ed 2 e), ssant on ors or oic d; ggent; n	F 329			

		IDENTIFICATION NUMB		A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY  COMPLETED	
		17E531		B. WING	<del> </del>	02	/20/2013
	COUNTY HOSPITAL	LTCU	607 CO	RESS, CITY, STA URT PL KS 67860	TE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY F R LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 329	staff A reported the reparkinson's (Parkins progressive neurolog resting tremor, rolling faces, shuffling gait, loss of postural refleweakness) and it should be use of Mirapex and Consultant staff N, replay to ensure the proper medication.  The facility failed to effect of unnecessary to ensure the proper medications ordered resident received admonitoring for these.  The facility admitted the resident's clinical election of the proper medications ordered resident received admonitoring for these.  The facility admitted the resident's clinical election of the left femoral radius comminuted in hip endoprosthesis and percutaneous pinnin (fracture of the left his surgical repair). Additional following medication.  Tylenol Extra Streng (milligrams), by residuation of the left his surgical repair).	resident had a diagnosis on's disease- a slowly gic disorder characterizer of the fingers, mask-lift forward flexion of the trives and muscle rigidity buld have been clarified and Sinemet. Reported on 2/18/13 at 4 edications, as noted about ediagnosis, and requirementations, with the fadiagnosis attached to the diagnosis attached to the diagnosis attached to the diagnosis attached to the equate and appropriate medications.  Red resident # 35 on 2/23 resident on 1/31/13, per diagnosis attached to the equate and appropriate medications.  Red resident # 35 on 2/23 resident on 1/31/13, per diagnosis attached to the equate and appropriate medications.  Red resident # 35 on 2/23 resident on 1/31/13, per diagnosis attached to the equate and appropriate medications.  Red resident # 35 on 2/23 resident on 1/31/13, per diagnosis attached to the equate and appropriate medications.	ed by ke runk, and d for :40 bove, ired ailure the the she runk.  3/12, er the distal ith left uction with ded 500 s, as	F 329			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		(X2) MULTIPI	LE CONSTRUCTION	(X3) DATE SU COMPLE	
		17E531		B. WING		02/2	20/2013
NAME OF PROVIDER OR SUPPLIER KEARNY COUNTY HOSPITAL LTCU			STREET ADDR 607 COL LAKIN, I		TE, ZIP CODE	<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY F LSC IDENTIFYING INFORMA	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 329	2. Lortab (hydrocodo 7.5/500 mg, every 4 h ordered 1/31/13. (A n medication.)  3. Clonazepam (an amg disintegrating table day, for Dementia (Dedisorder characterize confusion), CCE (crawith behavioral disturanti-convulsant/anti-a  The resident's 3/1/12 data set) assessment severe impairment of assistance of 1 staff fliving), without any mexperienced falls, and anti-anxiety and anti-anxiety and anti-anxiety and anti-ansessment), lacked factors and analysis of psychotropic medicate.  A 12/1/12 quarterly Massessed the resident memory impairment, impairment of decision mood or behavior corrassistance of 1 staff fin room and unit, and anti-depressant medi.  The resident's 3/5/12 "The resident received."	ane/acetaminophen) table hours as needed for paracotic analgesic/pain arcotic analgesic and by failing memory, mial compliance elasticic bances. (An analgesic analges	in,  0, 0.25 er nental  tty)  num t with ensive laily ic, s.  ent's  ent's	F 329			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER. AND PLAN OF CORRECTION IDENTIFICATION NUMBER		■ ** **		LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		17E531		B. WING		02	/20/2013	
NAME OF PROVIDER OR SUPPLIER  KEARNY COUNTY HOSPITAL LTCU			STREET ADDRESS, CITY, STATE, ZIP CODE  607 COURT PL  LAKIN, KS 67860					
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY F R LSC IDENTIFYING INFORMA	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 329	A 2/23/12 physician included:  1.) Lipids every year 2.) Microalbumin ev. 3.) SGPT (serum glit transaminase) and Spyruvic transaminase. Review of the reside the following laborate.  1.) SGOT and SGP However, the resider any lab results for 5/ ordered by the physi.  2.) A lipids level drail lacked results for 8/1.  3.) The resident's cliany Microalbumin, as Review of the reside e-MAR (electronic m record) medications, received pain medications, received pain medications and on the results of the, effectiveness.  On 2/12/13 at 12:47 from an appointment family member proper chair, into the living a observation identified fixed rod protruding fixed rod protruding for the service of the servation identified fixed rod protruding for the servation identified fixed rod protruding fixed rod protruding for the servation identified fixed rod pro	r. ery year. utamic oxaloacetic GOT (serum glutamic e) every 90 days. nt's clinical record inclu- ory results: T drawn on 2/28/12. nt's medical record lack- 12, 8/12, and 11/12, as cian. wn on 8/10/11. Howeve 12, as ordered. inical record lacked results s ordered. inical record lacked results s ordered. nt's PRN (as needed), nedication administration identified the resident ation (Lortab and Tylend /25/13 to 2/13/13. How asions, the staff administration at then staff failed to follow as needed, pain medical PM, the resident returnat t with the resident's fame elled, the resident's wheeled, the resident's wheeled.	ed er, ults of ol) on ever, stered w-up ations, ed ily. A eel and a urm.	F 329				

NAME OF PROVIDER OR SUPPLIER  KEARNY COUNTY HOSPITAL LTCU  INCLUDED SUMMARY STATEMENT OF DEFICIENCIES PREFEX REGULATORY OR LSC IDENTIFYING INFORMATION)  FREET ADDRESS. CITY. STATE, ZIP CODE  807 COURT PL LAKIN, KS 67880  ID PROVIDERS PLAN OF CORRECTION OR SUMMARY STATEMENT OF DEFICIENCIES PREFEX REGULATORY OR LSC IDENTIFYING INFORMATION)  FREET ADDRESS. CITY. STATE, ZIP CODE  807 COURT PL LAKIN, KS 67880  ID PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE  CROSS-REFERENCED TO THE APPROPRIATE  DEFICIENCY)  F 329  Continued From page 29  table for lunch, with the resident holding onto the rod with their right hand. Briefly, the resident stood independently, while seated at the table, then returned to a seated position, in the wheel chair.  Interview with licensed nursing staff E, on 2/13/13 at 4:04 PM, reported a lack of laboratory tests completed, as ordered. Staff E reported being unaware of why the facility staff failed to complete the laboratory tests, as ordered.  On 2/14/13 at 2:56 PM, licensed nursing staff C, reported, "When I give a PRN med [medication] I check the MAR [medication administration record] for the order, assess the resident to determine the problem, then if appropriate I give the med and do the follow-up later. If it is Tylenol, I check to see if they had any med with Tylenol that day. They should not have over 2000 mg [milligrams] a day."  On 2/14/13 at 4:45 PM administrative nursing staff A, reported the staff, had begun looking at lab orders and results for all the residents, "After being made aware yesterday of the [resident's] lack of" Staff A further reported, "believe when we went to the computer change over, they somehow got overlooked. I'm getting that corrected right away." Additionally, at that time, staff A reported the pharmacy would be expected to note and recommend changing/clarifying inappropriate medication diagnosis. Staff A further indicated, "They the nurses and CMA's s		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C		(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE S COMPLE	
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FREETIX TAG  COntinued From page 29 table for lunch, with the resident holding onto the rod with their right hand. Briefly, the resident stood independently, while seated at the table, then returned to a seated position, in the wheel chair.  Interview with licensed nursing staff E, on 2/13/13 at 4:04 PM, reported a lack of laboratory tests completed, as ordered. Staff E reported being unaware of why the facility staff failed to complete the laboratory tests, as ordered.  On 2/14/13 at 2:56 PM, licensed nursing staff C, reported, "When I give a PRN med [medication] I check the MAR [medication administration record] for the order, assess the resident to determine the problem, then if appropriate I give the med and do the follow-up later. If it is Tylenol, I check to see if they had any med with Tylenol that day. They should not have over 2000 mg [milligrams] a day."  On 2/14/13 at 4:45 PM administrative nursing staff A, reported the staff, had begun looking at lab orders and results for all the residents, "After being made aware yesterday of the [resident's] lack of" Staff A further reported, "I believe when we went to the computer change over, they somehow got overlooked. I'm getting that corrected right away." Additionally, at that time, staff A reported the pharmacy would be expected to note and recommend changing/clarifying inappropriate medication diagnosis. Staff A further indicated, "They [the nurses and CMA/s]	KEARNY COUNTY HOSPITAL LTCU			607 COL	JRT PL	TE, ZIP CODE		
table for lunch, with the resident holding onto the rod with their right hand. Briefly, the resident stood independently, while seated at the table, then returned to a seated position, in the wheel chair.  Interview with licensed nursing staff E, on 2/13/13 at 4:04 PM, reported a lack of laboratory tests completed, as ordered. Staff E reported being unaware of why the facility staff falled to complete the laboratory tests, as ordered.  On 2/14/13 at 2:56 PM, licensed nursing staff C, reported, "When I give a PRN med [medication] I check the MAR [medication administration record] for the order, assess the resident to determine the problem, then if appropriate I give the med and do the follow-up later. If it is Tylenol, I check to see if they had any med with Tylenol that day. They should not have over 2000 mg [milligrams] a day."  On 2/14/13 at 4:45 PM administrative nursing staff A, reported the staff, had begun looking at lab orders and results for all the residents. "After being made aware yesterday of the [resident's] lack of" Staff A further reported, "I believe when we went to the computer change over, they somehow got overlooked. I'm getting that corrected right away." Additionally, at that time, staff A reported the pharmacy would be expected to note and recommend changing/clarifying inappropriate medication diagnosis. Staff A further indicated, "They (the nurses and CMA's	PRÉFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY F	ULL	PREFIX	(EACH CORRECTIVE AC CROSS-REFERENCED TO	CTION SHOULD BE ) THE APPROPRIATE	COMPLETION
-certified medication aides] are instructed to do a follow-up with all prn medications."  On 2/18/13 at 4:40 PM, consultant staff N reported the residents needed monitoring for the effectiveness of prn medications, as well as	F 329	table for lunch, with rod with their right has stood independently then returned to a sechair.  Interview with licens at 4:04 PM, reported completed, as orden unaware of why the the laboratory tests,  On 2/14/13 at 2:56 Freported, "When I gicheck the MAR [medicatermine the problet the med and do the I check to see if they that day. They shou [milligrams] a day."  On 2/14/13 at 4:45 Fistaff A, reported the lab orders and result being made aware y lack of" Staff A fur when we went to the somehow got overlocorrected right away staff A reported the to note and recomm inappropriate medication follow-up with all processing of the resident of the res	the resident holding onto and. Briefly, the resident and a lack of laboratory tested. Staff E reported being facility staff failed to compass ordered.  PM, licensed nursing stative a PRN med [medicated dication administration and a lack of laboratory tested. If it is Trylogy and the propriate of lack of the properties and compared to the properties of the properties and compared to the properties of the p	at let, leel late late	F 329			

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F 329	ensuring the resident and laboratory testing monitored, for effective medications.  The facility failed to effee of unnecessary refailed to monitor their the medications admidiagnosis of medicatillaboratory testing as complete follow-up meffectiveness, for this accomplete follow-up meffectiveness,	s' diagnosis are approper is conducted and we monitoring of the ensure this resident remedications, when the resident for effectiveness inistered, with improper ions, failure to obtain ordered and failure to nonitoring of the medicals resident.  d resident # 43 on 1/17 mputerized clinical reconductoring of the medicals resident.  d resident # 43 on 1/17 mputerized clinical reconductoring memory, type, moderate to enduensing things while aword lines in the post of the po	rained facility ss of tions  /13, rd. heet hental stage ake n S	F 329			

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CL  IDENTIFICATION NUMBER				LE CONSTRUCTION		(X3) DATE SURVEY  COMPLETED	
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F 329	The resident's 1/24/1 data set) assessmen scored 3 on the BIMS status), indicating set status) exhibited discreceived anti-psychol medications.  Review of the Geriatr Edition, identified the 1.) Acetaminophen, lacked indicators use 2.) Antacid, page 72 used as a antacid, ar for Dementia, as ordered as a antacid, ar for Dementia, as ordered indicated use for religing indicated use for religing indication for use relating to clarify the proders/medications/d resident's recent adm On 2/18/13 at 4:40 P staff N, reported the minappropriate for the 1.	3 admission MDS (minit, identified the resident of (brief interview of merwerely impaired cognitiverganized thinking, and tic and anti-depressant of Dosage Handbook, of following:  page 30, an analgesic, of for Dementia.  In identified the medication of the lacked indicators of the lacked indicators of the lacked indicators of the lacked to Dementia.  In identified the medication of the lacked indicators of the lacked indicators of the lacked indicators of the lacked to Dementia.  In identified the medication of the lacked indicators of the	t that and acility altant above. a acility altant acility acil	F 329			

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		17E531		B. WING		02	/20/2013	
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F 329	- The facility admitte per the resident's cor The POS (Physician's summary, dated 1/25 physician orders:  1. Acetaminophen S (milligrams), rectally for pain or increased 1/25/13. (An analges 2. Lorazepam Ploge every 4 hours for anx anti-anxiety medication. Review of the resident medication administration 2/14/13, identified following medications follow-up for effective 1. Acetaminophen/T as administered on 7 failed to complete a fithose occasions relatithe medication.  2. Lorazepam Ploge occasions and staff fron 4 of those occasions and staff fron 4 of those occasions fither medication.  On 2/14/13 at 2:56 Preported, "When I give check the MAR for the determine the protigive the med and do Tylenol, I check to see	d resident # 31 on 2/2/1 imputerized clinical reco s Order Sheet)/discharg i/13, included the follow uppository, 650 mg every 4 hours, as neede temperature, ordered sic/pain medication.) I, 1 mg, topically, as ne- tiety, ordered 1/25/13. (on.) int's e-MAR (electronic ation record), dated 12/ the resident received the without prn (as needel eness: ylenol, 325 mg, docume occasions and the staf follow-up assessment or ted to the effectiveness I, 1 mg, administered or ailed to complete follow ons, related to the	rd. ge	F 329				

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F 329	mg a day."  On 2/14/13 at 4:45 P staff A, indicated, "The certified medication a follow-up with all promotion on 2/18/13 at 4:40 P reported the resident effectiveness of promotion of the facility failed to effectiveness of promotion of the effectiveness of administered.  Resident # 33 administered.  Resident # 33 administered.  Resident # 33 administered.  The 7/10/12, significing data set) identified the with a BIMS (brief into score of 15 (13-15 in The assessment also received antipsychological antidepressants, and The resident's medication) 7.5/325 (as needed) for pain, order for Biscolax surfugiling the process of the proces	M administrative nursing the piece of the nurses and CM aides] are instructed to a medications."  M, consultant staff N is needed monitoring for medications.  The sensure this resident remandications, when the state monitoring with follow of the medications where the monitoring with follow of the medications where the monitoring with follow of the medications where the state of the medications where the state of the medications and the state of the state o	A's-do a  or the  nained facility  v-up  n  mum  s)  ent  RN sician ion) el	F 329			

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Further review of the 1/23/13, revealed the Biscolax on 4 occasio follow-up monitoring of effectiveness to the reconstruction of the said," When I give a FMAR, for the order, and determine the problem medication and then of the said o	if follow-up monitoring for eness to the resident.  MAR from 12/15/12 threst at a distributed the ensign without completion for the medication's esident.  PM, licensed nursing state PRN medication, I check sess the resident to m, if appropriate I give to do the follow-up."  PM, administrative nursice nurse or the CMA (ceres the follow-up on the nedication."  omplete follow-up on the nedication."  omplete follow-up ectiveness of the I to the resident as need to the instead of bed. Please is me especially when I are p my mental distress at me that will help to calmy my medication care process to the resident calmy my medication care process.	rough of  aff ck the the the ing rtified  ded.  nt ellitus of a by er to speak m and n my	F 329			

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	anticoagulant therapy The resident's medica physician order on 2/4 tests: BUN (Blood, ure compound produced (complete blood cour capacity), Folate,glyc (random), PT/INR (pr Normalized Ratio), So oxaloacetic transamir glutamic pyruvic trans However, the resident documentation of the as ordered.  On 2/14/13 at 5:13 Pl stated, "I see there we lab. There are no lab labs were not done, I have the lab done tor The facility failed to ordered by the physic effectiveness of the resident of the resident of the resident, or the representative received benefits and potential immunization; (ii) Each resident is or the resident	al record documented 4/13, included laborato ea, nitrogen), Creatine (by the body), CBC at), irontibc (total iron bi osylated HE, Mirco-albothrombin/Internalized GPT (serum glutamic nase), SGOT( serum saminase).  It's medical record lack laboratory tests complementation of the esident of the esident of the esident's medications.  It's medical record lack laboratory tests an order on 2/4/13 for results. I'm not sure who will get [the resident] of the esident's medications.  It's medical record lack laboratory tests and proce esident's medications.  It's medical record lack laboratory tests and proce esident's medications.  It's medical record lack laboratory tests and proce esident's medications.  It's medical record lack laboratory tests and sample (the resident) of the esident's medications.  It's medical record lack laboratory tests and sample (the resident) of the esident's medications.  It's medical record lack laboratory tests and sample (the resident) of the esident's medications.  It's medical record lack laboratory tests and sample (the resident) of the esident's medications.  It's medical record lack laboratory tests and sample (the resident) of the esident's medications.  It's medical record lack laboratory tests and sample (the resident) of the esident's medical lack laboratory tests and lack laboratory tests and lack lack lack lack lack lack lack lack	a ry a nding umin ed eted A or ny the ever to s CAL dures n,	F 329			
		r 1 through March 31 mmunization is medica e resident has already l					

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F 334	immunized during thi (iii) The resident or the representative has the immunization; and (iv) The resident's medocumentation that in following:  (A) That the resident representative was perfect the benefits and potential influence immunization; and (B) That the resident influence immunization influence immunization on the facility must devent that ensure that (i) Before offering the immunization, each regal representative the benefits and potential immunization; (ii) Each resident is communization; (iii) Each resident or the representative has the immunization; and (iv) The resident or the representative has the immunization that in following:  (A) That the resident representative was perfect the benefits and potential produced immunity.  (B) That the resident pneumococcal immunity.	is time period; the resident's legal the opportunity to refuse redical record includes redicates, at a minimum, and or resident's legal the original side effects of influence on or did not receive the control of the resident or redicated and proces resident, or the resident receives education regal redicated a pneumococcal resident, or the resident receives education regal rential side effects of the refired a pneumococcal resident or the resident has reacted or the resident has reacted or the resident has redicated, at a minimum and or resident's legal reprovided education regal rential side effects of	rding Jenza dures 's arding s the	F 334			

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F 334	contraindication or re (v) As an alternative, and practitioner recon pneumococcal immunityears following the fir immunization, unless	fusal. based on an assessmemmendation, a second nization may be given a set pneumococcal medically contraindical sident's legal represent	ofter 5	F 334			
	This Requirement is not met as evidenced by: The facility reported a census of 40 residents with 18 resident's selected for sample review. Based on record review and interview, the facility failed to ensure a signed consent and provision of the risk verses benefit information given to the residents and/or their responsible parties for the current years influenza and pneumococcal vaccines. Additionally, staff failed to offer/provide the influenza and pneumococcal vaccinations to 1 resident (# 35).						
	out of 5 residents (# 4 lacked documentation risk verses benefits for influenza vaccine and had been provided to party.	esidents' medical record 41, 35 and 11) records in of information pertaining or the current year's different the the the the the the the the or the	ing to				
	Review of residentified the residentified t	nt # 41's clinical record, t admitted on 10/5/12. immunization section o					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SI COMPLE	
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F 334	clinical record lacked provided the resident the vaccines.  2.) Review of the resident the vaccines.  2.) Review of the resident received an ivaccination on 10/1/1 the record lacked indivaccination for the curfor the vaccinations possible.  3.) Review of the resideled, "Immunization documentation of any pneumococcal vaccinimmunization section failed to identify reside party received a current statement related to the vaccinations for the received and the information statement related to the vaccinations for the received on that."  The facility Vaccine Desorm, dated 7/06 incluing the information statement have read, had explain the information in the received accinimental read, had explain the information in the received accining the information in the resident light policy, data the information in the resident light policy.	identification that the fawith information relate with information relate ident #11's clinical recon Notes," identified the influenza and pneumod 2 and 11/28/12. Howe ideators the resident record risk versus benefit rior to the injections.  ident #35's clinical recon Record," lacked type for influenza and lation provided in the provided in the recont and/or their responsent risk versus benefit the vaccinations.  My administrative nursing acility as current on esidents, and stated, "I cocumentation/Consentuded: a copy of the Vaccine lat(s) (VIS) checked below in the company of the vaccine lates and going through the company of the vaccine lates and going through in our facility or yould be offered the inflies documentation of	d to ord, coccal ever, eived ets, ord, ord sible ow. I etand	F 334			

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F 334	resident has a docucontraindicationF status will be complof date. Vaccinatio who cannot provide vaccination. Those know of their vaccinimmunized."  The facility failed to the influenza immunized immunized immunized immunized immunized immunized in the immunization all resident's receivadmission.	umented Pneumococcal vaccinatio leted on admission regar in will be offered to all par e documentation of previous who are unsure or do no nation status will be e ensure that before offeri nization, each resident, or resentative received educe fits and potential side effets, and further failed to en ed vaccinations, upon  ROCURE,	ing or the cation ects	F 334			
SS=F	The facility must - (1) Procure food froconsidered satisfact authorities; and (2) Store, prepare, under sanitary conditions.  This Requirement The facility reported Based on observative review, the facility for serve foods under serve foods under service foods under	is not met as evidenced l d a census of 40 resident ion, interview, and record ailed to store, prepare ar sanitary conditions for the	by: :s. I nd e				

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	OVIDER OR SUPPLIER  COUNTY HOSPITAL I	-TCU	STREET ADDR 607 COL LAKIN, I		TE, ZIP CODE		
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F 371	with dietary staff U, re  1) A bowl of undressel lacked a preparation Staff U confirmed this an identifying label.  2) A container of slice meats (turkey, ham, a which lacked an oper label. Within the bott accumulation of a liquingular label. Within the bott label. The can opener contained areas, not easily wipe "The can opener goes but it and the table nearly of the bottom/fit.) One oven contained substance around the center of the bottom/fit.  3) Fourteen large load baked-on, brownish binsides of the pans.  4) Six bundt pans combrownish black substapans.  5) Fourteen full sheet.	evealed:  ed lettuce salad, which date or any identifying is salad needed a date and cheese, and lunched and other assorted meaned date or any identify om of the container, and uid pooled, approximate AM, the sanitation kitch if T, revealed:  and across the base of away. Staff T reports in the dishwasher daileds cleaned."  ed a baked-on brown in the dishwasher daileds cleaned."  ed a baked-on brown in the dishwasher daileds cleaned and a black substance along the insides in pans, stored together brownish black substances of the pans.	end earth and earth earth and earth earth and earth earth and earth and earth and earth and earth and earth earth and earth	F 371			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE S COMPLE		
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	OVIDER OR SUPPLIER COUNTY HOSPITAL	LTCU	STREET ADDRESS, CITY, STATE, ZIP CODE  607 COURT PL  LAKIN, KS 67860					
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F 371	baked-on, brownish I insides of the pans.  7) Seven muffin tins/ brownish black subst muffin cups.  8) Three large baking baked-on, brownish I insides of the pans.  On 2/13/13 at 1:59 P do not have cleaning keep their [dietary staschedule, it just does cleaning their work a  The facility's undated "Cleaning Instruction revealed, "Guidelin can openers: Remove the base Pay specimoving parts Wash hot detergent water. particles from the blaguidelines after each The facility's undated "Cleaning Dishes/ Di "Dishes and cookwar sanitized after each rwith a non-metallic senecessary Remove cleanliness and drynclean If the dishes 2-8"	pans contained a bake tance along the tance along the insides of pans contained a black substance along the pans contained a black substance along the pans contained a black substance along the pans contained a soft work,[The dietary rea] it works fine"  If policy and procedure is cleaning Can Opene is for cleaning Can Opene is for cleaning hand here the can opener shaft is all attention to the blade in the base thoroughly will be sure to remove all finde and base Repeat it use"  If policy and procedure is the pans contained in the pans contained in the pans to remove all finde and base Repeat it use"  If policy and procedure is the pans contained in the	d-on, of the he hed, "I them r staff for, er," eld from e and eith cood for, pans r r if eps	F 371				
	of the facility.							

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/O IDENTIFICATION NUMBE		A. BUILDING		(X3) DATE S COMPLE	
		17E531		B. WING		02/	/20/2013
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F 428 F 428 SS=E	483.60(c) DRUG RE IRREGULAR, ACT of The drug regimen of reviewed at least on pharmacist.  The pharmacist must the attending physic	EGIMEN REVIEW, REPO	d s to	F 428 F 428			
	The facility reported 18 selected for sample interview, and record pharmacist failed to irregularities related for 6 of the 10 reside unnecessary medications; #35 and testing to monitor medications; #35 and testing to monitor medications included:  - The facility admitted per the electronic clipping process from POS dated 1/4/13 included disorders and 'see control of the selectronic clipping process.	identify and report to medications, to the facents reviewed for ations, including; #, 31 arguer are also as a second at 20, for lack of laborate edications; and #35, 29 at a diagnosis for medicated resident # 29 on 4/8/1 nical record.  6 (Physician's Order Sheed: "Other persistent methart for more conditions' S included the following	s with acility, acili				

	F CORRECTION	IDENTIFICATION NUMB		A. BUILDING		COMPLE	
		17E531		B. WING		02/	20/2013
	COUNTY HOSPITAL	LTCU	607 CO	RESS, CITY, STA URT PL KS 67860	TE, ZIP CODE	·	
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F 428	(milligrams), adminis 4 hours for Dementia mental disorder charconfusion) CCE (crawith behavioral disture (An analgesic/pain m. 2. Acetaminophen to tablets, by mouth, as Dementia CCE with lordered 10/29/11. (Amedication.)  3. Sinemet, 25/250 m. day, for other persist 11/1/11. (An anti-par disturbances, ordere anti-parkinsonian menti-parkinsonian menti-p	ter rectally as needed, a (Dementia- progressival (Dem	we mory, sity) 12. ster 2 s for s, ser dered times  m data red 2 s), sessant  on, ed; agent; n  ng s of ed by	F 428			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE S COMPLE	
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(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY F LSC IDENTIFYING INFORMA	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 428	faces, shuffling gait, floss of postural reflex weakness) and it sho the use of Mirapex ar Consultant staff N, re PM, the resident's me exhibited inappropriat clarification.  The facility pharmacisthe irregularity to the failure to ensure the pattern the medications order the resident received monitoring for these resident's clinical electronic comminated in hip endoprosthesis and percutaneous pinning (fracture of the left hip surgical repair). Addithe following medicat  1. Tylenol Extra Stremg (milligrams), by meeded, for pain/incresident's Chydrocodo 7.5/500 mg, every 4 from the service of the left of the surgical repair.	forward flexion of the traces and muscle rigidity and have been clarified and Sinemet.  ported on 2/18/13 at 4: edications, as noted about ediagnosis, and required facility, with the facility proper diagnosis attach red/prescribed, to ensuradequate and approprimedications.  In the resident # 35 on 2/23 resident on 1/31/13, per personal record.  In the sident's clinical record, the edity of the left wrist closed red by with ex-fix placement of and of the left wrist with the positions:  Ingth (Acetaminophen) mouth, every four hours, eased temperature, or desident in the left with the positions:	and for  40 ove, red  report ed to re iiate  /12, r the  POS distal th left uction ith ded  500 as lered	F 428			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE S COMPLE	
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NAME OF PROVIDER OR SUPPLIER  KEARNY COUNTY HOSPITAL LTCU		LTCU	607 CO	RESS, CITY, STA URT PL KS 67860	TE, ZIP CODE		
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F 428	Continued From pag	e 45		F 428			
	mg disintegrating tab day, for Dementia (D disorder characterize confusion), CCE (cra with behavioral disturanti-convulsant/anti-a  The resident's 3/1/12 data set) assessmen severe impairment of assistance of 1 staff fliving), without any mexperienced falls, and anti-anxiety and anti-Review of the 3/2/12 assessment), lacked factors and analysis of psychotropic medical.  A 12/1/12 quarterly Massessed the resident memory impairment, impairment of decision mood or behavior collassistance of 1 staff fin room and unit, and anti-depressant medical. The resident received medications, to adming, by mouth, twice of the staff for the staff fin room and unit, and anti-depressant medications, to adming, by mouth, twice of the staff for the	nial compliance elasticitionness. (An anxiety medication.)  admission MDS (minin t, identified the resident cognition, needed exterior ADL's (activities of dood or behaviors, depressant medications.  CAA (care area identification of causal of findings for the residentification of causal of findings for the residentifications.  MDS, identified the staff of the with short and long technicating severe on making skills, without the minimal of the cations.  I received anti-psychotic cations.  care plan, instructed side anti-psychotic minister Clonazepam, daily for anxiety"	er nental ty)  num with ensive laily ic, s.  ent's rm  t ve king c and taff,				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		(X2) MULTIPI	LE CONSTRUCTION	(X3) DATE SU COMPLE	
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NAME OF PROVIDER OR SUPPLIER KEARNY COUNTY HOSPITAL LTCU		LTCU	607 CO	RESS, CITY, STA URT PL KS 67860	TE, ZIP CODE	•	
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F 428	2.) Microalbumin ever 3.) SGPT (serum glutransaminase) and Spyruvic transaminase Review of the resider the following laborate 1.) SGOT and SGPT However, the resider any lab results for 5/1 ordered by the physic 2.) A lipids level drawlacked results for 8/1.  3.) The resident's clinary Microalbumin, as Review of the resider e-MAR (electronic merecord) medications, received pain medica 20 occasions from 1/2 on 9 of those 20 occa the medications and on the results of the, effectiveness.  On 2/12/13 at 12:47 I from an appointment family member proper chair, into the living a observation identified fixed rod protruding fixed rod protruding fixed for lunch, with the rod with their right has stood independently,	ery year. Itamic oxaloacetic GOT (serum glutamic e) every 90 days.  Int's clinical record includery results:  Int's medical record lacked 12, 8/12, and 11/12, as cian.  Int's ordered.  Int's PRN (as needed), redication administration identified the resident and Tylence 25/13 to 2/13/13. Howe asions, the staff administration staff failed to follow as needed, pain medical.  PM, the resident returns with the resident returns with the resident's familled, the resident's wheeled, the re	ed er, ults of  ol) on ever, stered w-up ations, ed ily. A eel and a rm. g o the it	F 428			

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AND PLAN OF CORRECTION IDENTIFICATION N		IDENTIFICATION NUMB		A. BUILDING		(X3) DATE SURVEY  COMPLETED	
		17E531	1 B. WING			02/20/2013	
	OVIDER OR SUPPLIER COUNTY HOSPITAL	LTCU	607 CO	RESS, CITY, STATURT PL KS 67860	TE, ZIP CODE	, , , , , , , , , , , , , , , , , , ,	
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F 428	Continued From pag chair.	ge 47		F 428			
	Interview with licensed nursing staff E, on 2/13/13 at 4:04 PM, reported a lack of laboratory tests completed, as ordered. Staff E reported being unaware of why the facility staff failed to complete the laboratory tests, as ordered.  On 2/14/13 at 2:56 PM, licensed nursing staff C, reported, "When I give a PRN med [medication] I check the MAR [medication administration record] for the order, assess the resident to determine the problem, then if appropriate I give the med and do the follow-up later. If it is Tylenol I check to see if they had any med with Tylenol that day. They should not have over 2000 mg [milligrams] a day."  On 2/14/13 at 4:45 PM administrative nursing staff A, reported the staff, had begun looking at lab orders and results for all the residents, "After being made aware yesterday of the [resident's] lack of" Staff A further reported, "I believe when we went to the computer change over, they somehow got overlooked. I'm getting that corrected right away." Additionally, at that time, staff A reported the pharmacy would be expected to note and recommend changing/clarifying inappropriate medication diagnosis. Staff A further indicated, "They [the nurses and CMA's -certified medication aides] are instructed to do a follow-up with all prn medications."		ets ing mplete aff C, tion] I give ylenol, enol				
			g at After nt's] c, they ime, pected A's				
	reported the resident effectiveness of prn						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
		17E531		B. WING		02/20/2013		
NAME OF PROVIDER OR SUPPLIER KEARNY COUNTY HOSPITAL LTCU			STREET ADDRESS, CITY, STATE, ZIP CODE  607 COURT PL  LAKIN, KS 67860					
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F 428	Continued From pag	je 48		F 428				
	the irregularity to the failed to monitor the r the medications adm adequate diagnosis o obtain laboratory test	st failed to identify and facility when the facility resident for effectivenes inistered, failure to ension medications, failure to ting as ordered and failund in the medication of the medications.	es of ure o					
- The facility admitted resident # 43 on 1/17/13 per the resident's computerized clinical record.		I .						
	(POS), included: Den disorder characterize confusion.), vascular with hallucinations (S that appear to be rea created by the mind.) identified the followin 1.) Acetaminophen, tablets, prn (as needed Dementia CCE (cran	type, moderate to end sensing things while awail, but instead have been Furthermore, the POS g orders: 325 mg (milligrams), 2 ed) every 4 hours, for ial compliance elasticity ces, ordered 1/17/13. (a	nental stage ake n S					
	2.) Antacid, 225 mg/ml, prn, Dementia CC disturbances, ordere		g/5					
		% solution eyes, both, a a CCE with behavioral d 1/17/13.	s					
	data set) assessment scored 3 on the BIMS	3 admission MDS (minit, identified the resident S (brief interview of merverely impaired cognitives)	ntal					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X'		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 428	status) exhibited diso received anti-psychot medications.	rganized thinking, and ic and anti-depressant	16th	F 428				
	Review of the Geriatric Dosage Handbook, 16th Edition, identified the following:  1.) Acetaminophen, page 30, an analgesic, and lacked indicators used for Dementia.							
	<ul> <li>2.) Antacid, page 72, identified the medication used as a antacid, and lacked indicators of use for Dementia, as ordered.</li> <li>3.) Eye Drops, Artificial Tears, page 137, indicated use for relief of dry eyes, and lacked indication for use related to Dementia.</li> <li>Interview on 2/14/13 at 4:35 PM with administrative nursing staff A, reported the facility failed to clarify the physician orders/medications/diagnosis related to the resident's recent admission.</li> <li>On 2/18/13 at 4:40 PM, interview with consultant staff N, reported the resident's diagnosis inappropriate for the medications, as listed above.</li> </ul>							
			ed					
			acility					
	the irregularity to the failed to review and c	st failed to identify and facility, when the facility larify the resident's for appropriateness.	•					
		d resident # 31 on 2/2/1 nputerized clinical reco						
		s Order Sheet)/discharg /13, included the follow						

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F 428	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		eded, An  16/12  ee dd)  ented f n 6 of of of of of of eup  ff C, ion] I ident e, I is with 2000	F 428				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			(1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
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F 428	Continued From page	ge 51		F 428				
	On 2/18/13 at 4:40 PM, consultant staff N reported the resident's needed monitoring for the effectiveness of prn medications.  The facility pharmacist failed to identify and report the irregularity to the facility, when the facility staff failed to complete monitoring with follow-up of the effectiveness of the medications when administered as needed.							
	- Resident # 33 admitted to the facility on 11/28/11.							
	The 7/10/12, significant change MDS (minimum data set) identified the resident with a BIMS (brief interview for mental status) score of 15 (13-15 indicates intact cognition). The assessment also documented the resident received antipsychotic medications, antidepressants, and an antibiotics.							
	medication) 7.5/325 (as needed) for pain order for Biscolax si	cal record revealed a rder, for Percocet, (pain milligrams, by mouth, P, and on 6/28/12, a physuppository (for constipat every 3rd day if no bow	sician ion)					
	record), from 12/15/ documented the staf medication to the res without completion of	(medication administration 12 through 1/31/13, if administered the Percestdent on 16 occasions, of follow-up monitoring for eness to the resident.	ocet					
	Further review of the MAR from 12/15/12 through 1/23/13, revealed the staff administered the							

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER KEARNY COUNTY HOSPITAL LTCU		STREET ADDRESS, CITY, STATE, ZIP CODE  607 COURT PL  LAKIN, KS 67860					
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F 428	Biscolax on 4 occasion follow-up monitoring of effectiveness to the result of the follow-up monitoring of effectiveness to the result of the follow-up monitoring of the follow-up monitoring of medications provided with the follow-up monitoring of the follow-up monitoring of medications provided with the follow-up monitoring of the f	ons without completion for the medication's esident.  M, licensed nursing stapes of the medication, I check the sesses the resident to m, if appropriate I give to the follow-up."  M, administrative nursical process of the CMA (cells the follow-up on the	aff kk the the ng rtified report ete the ded.	F 428			
	(a complex disorder the relative or complete latthe body) and hyperthy pressure).  The 9/13/12 care plandsleep in my recliner, in calmly and gently to reagitated. I cannot help need people around reves. Please review for side effects, adverting the resident's medical anticoagulant therapy.	hat is primarily a result ack of insulin secretion ension (high blood and documented, "I preferenstead of bed. Please are especially when I are my mental distress and that will help to calnow my medication care process."	of a by  r to speak m nd n my blan ions.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
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F 428	tests: BUN (Blood, uncompound produced (complete blood cour capacity), Folate, glyc (random), PT/INR (pl. Normalized Ratio), Soxaloacetic transaming lutamic pyruvic tran.  However, the resider documentation of the as ordered.  On 2/14/13 at 5:13 P stated, "I see there we lab. There are no lab labs were not done, I have the lab done to the facility pharmacification of the facility pharmacificat	ea,nitrogen), Creatine (ea,nitrogen), Creatine (ea,nitrogen), CBC nt), irontibc (total iron bit cosylated HE, Mirco-alborothrombin/Internalized GPT (serum glutamic nase),SGOT( serum saminase).  nt's medical record lacked laboratory tests completed in the complete is an order on 2/4/13 for results. I'm not sure with will get [the resident] or	nding umin  ed eted  or ny the ver to  acility by the	F 428				